



Collection Affiliate Application Form

Affiliate Information

Facility name _____

Contact person _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Fax _____ Email _____

Do you have an instant camera on hand? _____ Do you have Internet access? _____

Do you have a phlebotomist licensed to collect blood samples? _____

Hours of Operation

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
In-office							
Mobile							

Patient Scheduling

Scheduling contact _____ Phone _____

Address patient is sent to:
(if different from address above)

Address DNA collection kit is sent to:
(if different from address above)

Your fee for DNA Office Collection \$ _____

Your fee for DNA Mobile Collection \$ _____

Billing

Will send monthly invoice to Choice DNA Laboratory with date of service, patients' names, and case number.

Request check to be sent with each case scheduled.

Address Choice DNA Laboratory will send the check to *(if different from address above)*:

Business References

Name	Phone	Relationship
1. _____		
2. _____		

May we contact these references? Yes No

Do you provide specimen collection for other companies? Yes No

Are you are a vendor/reseller of paternity testing? Yes No

Please list the labs you currently outsource
paternity testing to:

FAX BACK TO: 817-349-7272
EMAIL: support@choicedna.com